

DURABLE MEDICAL EQUIPMENT UTILIZATION MANAGEMENT PROGRAM

FOR VAYA HEALTH

Agenda

- **EviCore healthcare Company Overview**
- **Prior Authorization Program Overview**
- **Required Information and Methods to Submit Requests**
- **Additional Documentation Request**
- **Denial and Appeal Process**
- **Provider Resources**
- **Provider Portal**
- **Q/A Session**

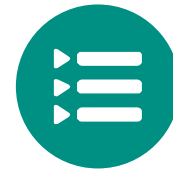
Company Overview

Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system



10
Comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees,
including
1k+ clinicians



Advanced, innovative,
and intelligent
technology

Program Overview

Vaya Prior Authorization Services

EviCore Healthcare (EviCore) will begin accepting prior authorization requests for Durable Medical Equipment (DME) services on June 17th, 2024 for Vaya members for dates of service July 1, 2024 and beyond.

Applicable Membership:

- Medicaid

Prior authorization applies to DME services that are:

- Home Based
- Medically Necessary

Prior Authorization does **NOT** apply to services that are performed in:

- Hospital Settings
- Skilled Nursing Facilities
- Surgical Settings



Providers should verify member eligibility and benefits with Vaya Health on the secured provider log-in section at: [Vaya Health - Provider Central](#) or call Provider Services at 866.990.9712.

Prior Authorization Required

- Oxygen/Related Equipment
- Diabetic Shoes
- Decubitus Care Equipment
- Hospital Beds and Accessories
- Ventilators
- Pacemaker Monitor
- Patient Lifts
- Wheelchairs
- Prosthetics
- Orthotics
- Other

To find a complete list of DME Healthcare Procedural Codes (HCPCS) that require prior authorization through EviCore, please visit:

[EviCore.com/resources/healthplan/vayahealth](https://www.evicore.com/resources/healthplan/vayahealth)

DME HCPC code list is subject to change so please refer to our provider resources site and any Durable Medical Equipment announcements we send out.



DME Prior Authorization Required Information and Methods to Submit Requests

Necessary Information for Prior Authorizations

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four categories of information:

1. Member

- Health Plan ID
- Member name
- Date of birth (DOB)

3. Rendering Facility

- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

2. Referring (Ordering) Physician

- Physician name
- National provider identifier (NPI)
- Tax Identification Number (TIN)
- Phone & fax number

4. Supporting Clinical

- Current Physician's order/script
- Current clinical information relating to request (i.e. patient history, progress notes and physical exam)
- Current detailed invoice listing all requested equipment
- Diagnosis Code(s)



Insufficient Clinical- Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If during case build all required pieces of documentation are not received, or are insufficient for EviCore to reach a determination, the following will occur:

A Hold letter will be faxed to the DME supplier and ordering physician requesting additional documentation

The Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.

The Supplier must submit the additional information to EviCore

Routine requests may remain in a hold status for up to 8 calendar days.

EviCore will review the additional documentation and reach a determination

Determination should be completed within 2 business days for a routine request and within 72 hours for an Urgent Request. If additional clinical information is needed, it could take up to 14 calendar days following receipt of a routine request for the service for EviCore to make a determination.



Methods for Prior Authorization Requests

[Homepage | EviCore by Evernorth](#)

Available 24/7 and the **quickest** way to create a prior authorization and check existing case status

Other methods:

Fax:

866.663.7740 with DME Authorization form

Phone:

855.754.5527

Monday – Friday 9 a.m. to 9 p.m. EST

Saturday 9 a.m. to 5 p.m. EST

Sunday 9 a.m. to 2 p.m. EST

Holidays 9 a.m. to 2 p.m. EST

24 Hour On Call Nurse Coverage

Important: EviCore recommends a completed DME Authorization form for all DME requests submitted by fax

Prior Authorization Outcomes and Special Considerations

Prior Authorization Approval

Approved Requests

- Standard requests are processed within 2 business days after receipt of all necessary clinical information.
- Purchases are usually valid for 180 days but can be up to 365 days if guidelines allow.
- Monthly rentals are usually valid how many units/months approved.
- For continued rentals and purchase a future DOS, up to 30 calendar days from date of submission of the PA, can be requested. This should not be requested > 30 days prior to existing authorization expiration date. This helps eliminate authorization time-frames from overlapping.
- Prior authorization letters will be faxed to the ordering physician & rendering provider and can be printed on demand from the EviCore portal at [Homepage | EviCore by Evernorth](#).



Prior Authorization Outcomes - Denied Requests



Based on evidence-based guidelines, an adverse determination is made and the request is denied.

A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member.

Determination letters can be printed on demand from the EviCore portal at [Homepage | EviCore by Evernorth](#).

Special Circumstances

+Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member.
- Can be initiated by phone (recommended), fax or portal.
- Urgent prior authorization request determinations will be made within 72 hours.

** Due to the shortened timeframe for an urgent decision, we will not pend the case to request additional information and the case is reviewed with the information submitted initially.*



Special Circumstances cont.

+Retroactive Requests

- Retrospective reviews will be allowed up to and including January 31st, 2025 to assist with the transition to Vaya's Tailored Plan, Vaya Total Care. On February 1st, 2025 and beyond, retrospective reviews will only be allowed if due to a member's retroactive enrollment.

+Alternate Recommendation

- An alternative recommendation may be offered, based on EviCore's evidence-based clinical guidelines, if the originally requested equipment/supplies do not meet guidelines.
- The ordering provider can accept the alternative recommendation on the web or by phone during case build, and the recommended equipment/supplies will be approved instead of the original requested one.
- If the alternative recommendation is not accepted and the case is denied, the only option for the provider would be an appeal.



Pre-Decision Options

I've received a request for additional clinical information. What's next?

Submission of Additional Clinical Information

- Providers can submit additional clinical information to EviCore for consideration per the instructions received.
- Additional clinical information must be submitted to EviCore in advance of the due date referenced.

Note: Ordering Physicians may speak with an EviCore MD at any time before a decision is made.

Post-Decision Options

My case has been denied. What's next?

Peer-to-Peer

- Providers have 3 business days after the determination date to submit a request
- Requests can be submitted in writing or verbally via a Clinical Consultation with an EviCore physician
- Decisions can be overturned, partially overturned, or upheld, and additional information may be submitted.
- After 3 business days, the appeal process must be followed.

Appeals

- EviCore will process first-level appeals.
- Only members or their authorized representative may request an appeal.
- The timeframe to submit an appeal request will be outlined in the determination letter.
- The appeal address and phone number will be provided in the determination letter.
- Members or providers with appeal questions may call EviCore's dedicated call center at 855.754.5527.
- First-level appeal determinations will be communicated by EviCore to the ordering provider and member.
- Second-level appeals will be delegated to Appeals Support and Fair Hearing Support.

Appeal Turn Around Times

- Expedited: typical time is 24 hours (not to exceed 72 hours)
- Standard: 30 days

Provider Resources

EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the **EviCore Communication Relationship Management (ECRM)** application. Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Issues with EviCore's provider portal
 - You can also call a Web Support Specialist at 800-646-0418 (option 2)
 - Chat with web support on the [EviCore Provider Resource page](#)

ECRM is available **24/7**. Users can login or register [**HERE**](#).

Additional Information about ECRM can be found on the [**Providers' Hub**](#).



Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research.

- + Access: [ECRM Services](#)
- + ECRM educational resources: [ECRM Resources | EviCore by Evernorth](#)
- + Trouble using ECRM? Send an email to: ECRMSupport@EviCore.com

Web-Based Services and Portal Support

- + Live chat
- + [ECRM Services](#)
- + Phone: **800-646-0418** (option 2).

Provider Engagement

- Regional team that works directly with the provider community.
- **Provider Engagement Manager Territory List**

Call Center

Call **855-754-5527**

, representatives are available from 7 a.m. to 7 p.m. local time.

Contact EviCore's Dedicated Teams



Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Questions regarding accuracy assessment
- Requests for a prior authorization to be re-sent to the health plan
- Consumer engagement inquiries
- Eligibility issues (member, rendering facility, or ordering physician)
- Issues experienced during case creation

How to Contact our Client and Provider Services team

Email: ClientServices@EviCore.com (preferred)

Phone: 800.575.4517 (option 3)

For prompt service, please have all pertinent information available. When emailing, make sure to include “Vaya Total Care DME health plan” in the subject line with a description of the issue; include member, provider and case details when applicable.



Provider Resource Website

Client Specific Provider Resource Pages

EviCore's Provider Experience team maintains provider resource pages that contain client and solution specific educational materials to assist providers and their staff on a daily basis. The provider resource pages will include but are not limited to the following educational materials:

- Provider Training Documents
- Frequently Asked Questions (FAQ) Documents
- Quick Reference Guides (QRG)
- Provider Training Sessions Details
- HCPCS Prior Authorization Code List
- DME Authorization Form

To access these helpful resources, please visit:

[Vaya Health Provider Resources | EviCore by
Evernorth](#)



Provider Portal

Benefits of EviCore Provider Portal

Did you know that most providers can save time by submitting prior authorization requests online? Here are some benefits and features:

- Saves time: Quicker process than phone prior authorization requests
- Available 24/7: You can access the portal any time and any day
- Upload clinical information: No need to fax in supporting clinical documentation. It can be uploaded on the portal to support a new request or requests for additional information
- Check case status in real-time
- View and print decision information

- To speak with a Portal Specialist, call 800.646.0418 (Option #2) or email portal.support@EviCore.com

Account Registration

EviCore healthcare Website

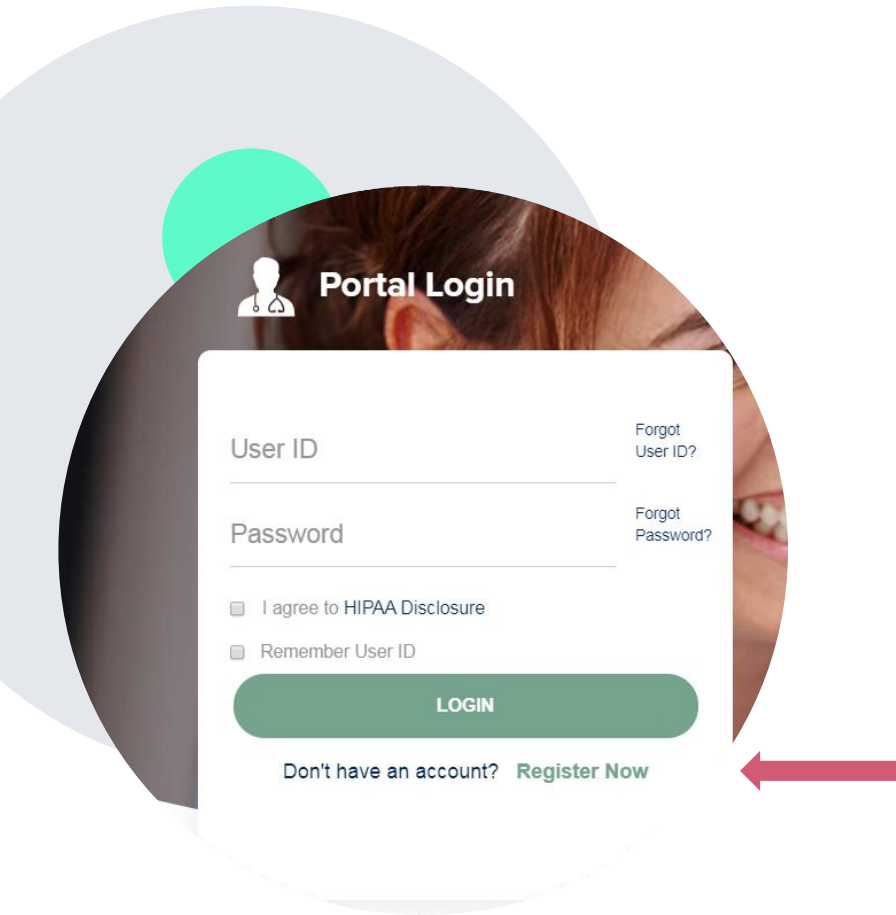
[Homepage | EviCore by Evernorth](#)

Already a user?

If you already have access to EviCore's online portal, simply log-in with your User ID and Password and begin submitting requests in real-time!

Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!



Creating An Account

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: --Select--

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:		Address*:	 	Phone*:	
Email*:				Ext:	
Confirm Email*:		City*:		Fax*:	
First Name*:		State*:	Select	Zip*:	
Last Name*:		Office Name:			

Next

- Select **CareCore National** as the Default Portal, complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log in page
- Once logged in, you will have the ability to initiate a case, check a case status and much more.

Add Providers To Your Account

Manage Your Account

Office Name: Dmetest [CHANGE PASSWORD](#) [EDIT ACCOUNT](#)

Address: 100 Front Street
Franklin, TN 37067

Primary Contact: Dme Test
Email Address:

[ADD PROVIDER](#)

Click Column Headings to Sort

No providers on file

[CANCEL](#)

- Once logged in, you will want to add providers to your account prior to case submission. Click the “**Manage Account**” tab, then the **Add Provider** link. You should add all referring providers to your account also.

Add Providers To Your Account continued

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Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

FIND MATCHES

CANCEL

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Add Practitioner

Thank you for registering on the CareCore National website. If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to complete the registration process.

ADD ANOTHER PRACTITIONER

CONTINUE

- Enter the Practitioner NPI, State, and Zip Code to search for the Physician.
- Click on **Find Matches**.
- You can also click **“Add Another Practitioner”** to add another provider to your account

Initiating a Case

Initiating A Case

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Request an Authorization

To begin, please select a program below:

☒ Durable Medical Equipment(DME)

☐ Gastroenterology

☐ Lab Management Program

☐ Medical Oncology Pathways

☐ Musculoskeletal Management

☐ Pharmacy Drugs (Express Scripts Coverage)

☐ Radiation Therapy Management Program (RTMP)

☐ Radiology and Cardiology

☐ Sleep Management

☐ Specialty Drugs

Are you building a case as a referring physician or as a durable medical equipment provider?

Please Select

Please Select

Referring Physician

Durable Medical Equipment

CONTINUE

[Click here for help](#)

- Choose **Clinical Certification** to begin a new case request.
- Durable Medical Equipment (DME) should be chosen for all requests

Select Healthplan and Provider

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Requesting Physician Information

Search for Physician by TIN, NPI, physician last name, city and/or zip.

Healthplan:

TIN:

NPI:

1234567890

Last Name:

TEST

(requires NPI or TIN)

City:

(city only, no state)

Zip:

SEARCH

Select one of the following providers:

	Provider	Address	Tax ID	NPI
SELECT	TEST, DOC		123456789	1234567890

Click here for help

- Choose the Healthplan
- Search for the **ordering** Physician for whom you want to build a case by entering the NPI and last name
- Select the appropriate physician

Add Contact Information

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Add Contact Info

Physician's Name:*TEST, DOC

[?]

Who to Contact:*Jane

[?]

Fax:*(555) 555-5555

[?]

Phone:*(444) 444-4444

[?]

Ext.:

[?]

Cell Phone:

Email: test@provider.com

☒ Receive notification of case status changes

Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

BACK

CONFIRM FAX AND CONTINUE

[Click here for help](#)

- Complete the fields for contact information
- Enter an email and check the box if you would like to receive email notifications of case status changes

DME Delivery Status

Attention!

Has the DME been delivered or dispensed?

☐

Yes

☐

No

SUBMIT

- Choose whether or not the DME has been delivered to the member

Member Information

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Patient Eligibility Lookup

Patient ID:*

123456789

Date Of Birth:*

01/01/1901

MM/DD/YYYY

Patient Last Name Only:*

TEST

[?]

When entering patient details, please review and confirm the spelling of the patient's name. Verify accuracy of the patient's ID and date of birth.

LOOKUP AGAIN

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	123456789		TEST, PATIENT	01/01/1901	M	

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[Click here for help](#)

- Enter the **patient information** including the Patient ID number, date of birth, and patient’s last name then select the correct patient record

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Patient Eligibility Lookup

Patient ID:*

123456789

Date Of Birth:*

01/01/1901

MM/DD/YYYY

Patient Last Name Only:*

TEST

[2]

When entering patient details, please review and confirm the spelling of the patient's name. Verify accuracy of the patient's ID and date of birth.

CLEAR PATIENT SELECTION

Patient Cell Phone

Patient Email

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CONTINUE

Click here for help

- Once confirmed you have the right patient, enter a cell phone and email for the patient if known

EviCore

By EVERNORTH

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Requested Service + Diagnosis

This procedure has not been performed.

CHANGE

Durable Medical Equipment(DME)

Select a Procedure by CPT Code[?] or Description[?]

DME

DURABLE MEDICAL EQUIPMENT

Don't see your procedure code or type of service? [Click here](#)

Additional Procedure codes will be collected/presented during the clinical questionnaire

Diagnosis

Primary Diagnosis Code: **G47.33**

Description: **Obstructive sleep apnea (adult) (pediatric)**

[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Durable Medical Equipment(DME)

LOOKUP

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CONTINUE

[Click here for help](#)

- Select “DME” and enter Diagnosis code(s) and Continue to confirm

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Site Selection

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Add Site of Service

Specific Site Search
Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the you the site names that most closely match your entry.

NPI:

TIN:

1234567890

Zip Code:

City:

Site Name:

☐ Exact match

☒ Starts with

Site Email (optional)

Fax

(555) 555-5555

[?]

Phone

(555) 555-5555

[?]

For DME authorization requests, place of service will be selected as 12 - Home.

	Name	Address
SELECT	TEST DME SUPPLIER	

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[Click here for help](#)

- Search for the **site that is dispensing the equipment** by entering the **NPI**
- Enter your Fax and Phone number
- Enter an email address to receive email notifications with status updates

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Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "**CONFIRM AND CONTINUE**," you will not be able to edit the Physician, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.

☒ I acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request.

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CONFIRM AND CONTINUE

[Click here for help](#)

- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process
- You will not have the opportunity to make changes after this point

Urgent vs Standard

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Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

Important: In order to reduce denials, a request **should not be submitted as “urgent”**, unless it meets the NCQA/URAC definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the customer. Urgent Requests determinations will be rendered within 72 hours and will be based **solely** on clinical information received within that timeframe.

Codes and Units

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Proceed to Clinical Information

What is your primary HCPCS code for this request?

SUBMIT

[Click here for help](#)

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Proceed to Clinical Information

This code is not part of the DME program administered by evicore. Please call the Healthplan at the number on the back of the members card.

Would you like to enter another HCPCS code?

Yes

No

- Enter the Primary HCPCS code
- If EviCore is not delegated to manage a code, you will receive notification to contact the healthplan
- You can enter additional codes at this time

Upload Clinical Documents or Notes

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Proceed to Clinical Information

i Is there any additional information specific to the member's condition you would like to provide?

☐ I would like to upload a document after the survey (Recommended)

☐ I would like to enter additional notes in the space provided

☐ I would like to upload a document and enter additional notes

☐ I have no additional information to provide at this time

Please note that faxes received by eviCore may take up to 24 hours to process. Web uploaded documents have faster processing.

SUBMIT

☐ Finish Later

Did you know?

You can save a certification request to finish later.

[Click here for help](#)

- On this screen, you can choose to either upload clinical documents, enter important notes, or both

Upload Clinical Documents

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Proceed to Clinical Information

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

Required Medical information checklist

Browse for file to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

UPLOAD

SKIP UPLOAD

Open

← → ▾ ⬆

> This PC > Desktop > PORTAL TEST DOCUMENTS >

Organize ▾

New folder

▾ ⭐ Quick access

📁 Desktop

Name

📄 PORTAL TEST DOCUMENT 3

📄 PORTAL TEST DOCUMENT

- To attach documents, you will navigate to your desktop, locate the document, and choose upload
- Once complete, you can submit the case

Outcome Determination

Authorization Number: NA

Case Number:

Patient Name:

DOB:

Status: Pending Clinical Review

P2P Status:

Approval Date:

Service Code: DME

Service Description: DURABLE MEDICAL EQUIPMENT

Site Name:

Start Date:

Expiration Date:

Date Last Updated:

Correspondence: **UPLOADS & FAXES**

Clinical Upload: **UPLOAD ADDITIONAL CLINICAL**

[Run Clinical Questionnaire](#)

P2P AVAILABILITY

Authorization Number:

Case Number:

Patient Name:

DOB:

Status: Approved

P2P Status:

Approval Date:

Service Code: DME

Service Description: DURABLE MEDICAL EQUIPMENT

Site Name: **CHANGE SITE**

Start Date:

Expiration Date:

Date Last Updated:

Correspondence: **UPLOADS & FAXES**

P2P AVAILABILITY

- Case will be either approved or sent for medical review
- You should save or print this screen for your records

Clinical Pathway Questions

Clinical Pathway Questions Continued

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Tuesday, May 28, 2024 1:44 PM

Proceed to Clinical Information

You entered K0738, a Respiratory code. This code will be added to the request.

?

Would you like to request another Respiratory code?

☐ New code for same Service Type

☐ Finished requesting codes

SUBMIT

[Click here for help](#)

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- Providers can now complete the clinical pathways for certain HCPC codes including Oxygen, Orthotics/Braces, Hospital beds and other items via the web. If the questions are answered in alignment with the guidelines and attestation, you may receive a real time authorization for the request.

Clinical Pathway Questions Continued

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Tuesday, May 28, 2024 1:47 PM

Proceed to Clinical Information

Has the member used an oxygen device like this under this insurance before?

Yes

No

SUBMIT

Finish Later

Did you know?

You can save a certification request to finish later.

Click here for help

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Site Specific Terms

Contact Us

- Clinical pathway questions for K0738

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Tuesday, May 28, 2024 1:48 PM

Proceed to Clinical Information

Please indicate the reason Oxygen is being requested.

Request is for:

Initial start

Recertification or Ongoing

Unknown

SUBMIT

Finish Later

Did you know?

You can save a certification request to finish later.

Clinical Pathway Questions Continued

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Proceed to Clinical Information

Please indicate the reason Oxygen is being requested.

Request is for:

☐ Initial start

☐ Recertification or Ongoing

☐ Unknown

SUBMIT

☐ Finish Later

Did you know?

You can save a certification request to finish later.

- Completing these questions will lead to a quicker authorization process

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k0739 is not a Respiratory request. This code will not be added to this request.

Would you like to request another Respiratory code?

☐ Finished requesting codes

☐ New code for same Service Type

SUBMIT

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Clinical Pathway Questions Continued

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Please enter the date of the most recent clinical evaluation with the ordering provider (MD, PA, NP).



Has the DME supplier received a valid Certificate of Medical Necessity (CMN) or an order by the MD, PA, or NP?

☐ Yes ☐ No ☐ Unknown

SUBMIT

☐ Finish Later

Did you know?
You can save a certification request to finish later.

- These questions are asked specifically for K0739
- If there are codes you want pathway questions for let us know

Authorization Lookup

Authorization Lookup

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Authorization Lookup

Search by Member Information

Search by Authorization Number/NPI

OnePA: Prior Authorization Portal for Providers

Search by Claim Number/Health plan

Required Fields

Healthplan:

PRINT

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- To look up the status of an Authorization, Select Search by **Authorization Number/NPI**. Enter the provider’s NPI and authorization or case number. Select **Search**.
- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient’s ID number, and patient’s date of birth.

Authorization Lookup Continued

Authorization Number:

Case Number:

Patient Name:

DOB:

Status: Approved

P2P Status:

Approval Date:

Service Code: DME

Service Description: DURABLE MEDICAL EQUIPMENT

Site Name:

Start Date:

Expiration Date:

Date Last Updated:

Correspondence:

P2P AVAILABILITY

CHANGE SITE

UPLOADS & FAXES

- The authorization will then be accessible to review. To print authorization correspondence, select Uploads & Faxes.

Thank You Questions?